OFFICE OF THE ATTORNEY GENERAL ANNUAL AGENCY HUMAN TRAFFICKING (HT) DATA REPORT INSTRUCTIONS

The HT Data Report is now an ANNUAL report that is to be filed with data regarding your entire agency's services provided to victims of Human Trafficking during the reporting period July 1, 2019 to June 30, 2020.

This report must be uploaded by 11:59 pm on July 31, 2020 on our OAG Grant Reports website: http://ag.ks.gov/victim-services/grants

The Office of the Attorney General is collecting HT victim data for both Primary and Secondary Victims in the two-page Annual Agency HT Data Report.

- The Agency HT Data Report form is for reporting all services provided to victims of Human Trafficking by your entire agency during the grant year (July 1<sup>st</sup> to June 30<sup>th</sup>), regardless of funding source.
- Please be sure to fully complete page 1 (Primary Victims) and page 2 (Secondary Victims) before uploading the report.
- If the number of victims served in a category is zero, please complete with zero (0), to show that all categories on the report have been completed when submitting this report to the OAG.
- A signature is no longer required, however, a certification that the report is correct is required from the person submitting the two page HT Data Reports for Primary and Secondary victims.

## **SECTION 1**

Section 1 Age & Gender - Page 1 (Primary HT Victims) and Page 2 (Secondary HT victims): report the number of unduplicated individuals served by your agency in each age category. Since this report is now an annual report, please count ALL Primary and Secondary victims served during the grant year – new, continuing and returning.

**PLEASE NOTE**: If the demographic information requested in this form would put a specific victim or their children at risk, please do not include the information for that victim. Instead, if a victim's information was omitted for this reason, please identify the number of victims of human trafficking not included in the **red** lower left box labeled # HT clients in the demographic section.

The number reported in the # HT client's box will be included in the *Total All* column in Section 1 and will be reported with no identifying characteristics when the OAG is compiling Annual HT statistics.

### **SECTION 2**

Section 2 of the Primary HT Data Report now offers grantees an opportunity to report on victims that were only served for DV/SA in this grant year, but were victims of HT in their past.

Section 2 - Age & Gender - Page 1 HT Primary Victims Only: report the number of unduplicated individuals served by your agency in each age category who were HT victims in their past, but HT is not their current circumstance: they only requested services unrelated to their HT past.

#### **Definitions for Section 1 and 2**

Age and Gender of Victims: (Primary and Secondary) enter the total number of HT victims served during the entire grant year under each of the appropriate age categories and break them down by gender. These numbers must be unduplicated and must report the total number of HT victims served by age group.

<u>Female</u>: (Primary and Secondary) enter the total number of those who identify as female in this section.

<u>Male</u>: (Primary and Secondary) enter the total number of those who identify as male in this section.

#### **SECTION 3**

<u>Demographic Information regarding Victims</u>: report the demographic information for each of the unduplicated HT victims reported in Section 1 of the Agency Data Report Form. Do not include victims counted in the red box. All numbers reported in Section 3 must report unduplicated HT Victims.

<u>Purpose of Trafficking</u>: (Primary only) enter the total number of victims under the appropriate types of trafficking categories. Select only one purpose for each victim reported in Section 1.

**Residency:** (Primary and Secondary) enter the total number of HT victims in each category. Select only one category of residency for each victim reported in Section 1.

Race and Ethnicity of Victims: (Primary and Secondary) enter the total number of HT victims under each of the appropriate race categories. Select only one category of race and ethnicity of victims reported in Section 1.

**NOTE:** Please do not report this information if there is a possibility that confidentiality issues may arise. We realize that information reported in this section could result in personally identifying a victim, particularly in a rural area where providing race and ethnicity may identify that individual. Therefore, it is the agency's discretion whether or not to report in this section.

#### **SECTION 4**

**Background & Incident Details**: report the Background of Victims, Description of Precipitating Events, Means (Type of Force, Fraud or Coercion, and the Identity of Sellers). The numbers reported in Section 4 may be duplicated.

In addition to the terminology noted below, please use the definitions identified in the HT-DIT-R.

<u>Seller</u>: the person who sells or receives some benefit from the labor of the trafficked victim. Also known as the trafficker or pimp.

**<u>Buyer</u>:** the person who purchases or obtains the labor of the trafficked victim. Also known as the john, or demand.

<u>Child / Children</u>: children are defined as ANY individuals who are **under** 18 years of age

<u>Law Enforcement Intervention</u>: (Primary only) enter the number of precipitating incidents where law enforcement intervened.

<u>Background of Victims</u>: (Primary only) Enter the total number of HT victims in each category who were physically or sexually abused as a child/teen, witnessed abuse as a child/teen, lived in poverty as a child/teen, ran away as a child/teen, were in foster care as a child/teen, other, or none. These numbers may be duplicated within the various categories.

<u>Type of Coercion Used</u>: (Primary only) enter the total number of types of coercion used by the perpetrator. These numbers may be duplicated within the various categories.

Trickery examples: luring or coercing a victim into leaving their homes and families through deceptive promises of marriage or employment, taking their documents, etc.

<u>Precipitating Incidents</u>: (Primary only) this is the incident that caused ALL Primary victims to contact the grantee. Describe the precipitating incident(s) prior to incident when victims contacted the grantee. Enter the total number of incidents where weapons were used, there was alcohol/drug involvement, or emergency medical intervention was required. Please complete under all appropriate headings. These numbers may be duplicated.

**Weapon:** number of victims, abusers, or both using a particular weapon during the precipitating incident. If the "body" was used, i.e. fists, feet, teeth, etc., it should be marked. The "other" category should be used if objects were used other than those listed above, i.e. telephone receiver, vase, shoe, etc.

**Alcohol/Drug Involvement:** number of victims, abusers, or both using alcohol or drugs during the incident.

**Emergency Medical Intervention**: number of victims, abusers, or both needing medical assistance because of the precipitating incident.

<u>Identity of Seller</u>: (Primary only) enter the identity of the sellers by entering the total number of victims that were trafficked. These numbers may be duplicated within the various categories.

Other family member: please note that spouse/partner, and parent are separate categories. Check this selection to report that the seller was another family member other than the spouse/partner or parent of the victim.

**SECTION 4 Page 2 Additional Description Area:** use this space if you have additional descriptions(s) or comment(s). This is optional and is not required.

### **SECTION 5**

Services & Referrals Provided to Victims Page 1 (Primary HT Victims) and Page 2 (Secondary HT victims): report the number of Services and Referrals provided to ALL Primary victims and Secondary victims of Human Trafficking during the grant year (July 1<sup>st</sup> through June 30<sup>th</sup>). This section is located in the lower right hand corner of the form. This section must be completed for Primary and Secondary victims of Human Trafficking and may be duplicated since victims may receive multiple services and referrals.

<u>Total Services Provided</u>: (Primary and Secondary) enter the number of services received by HT victims during this reporting period. Enter the total number of actual agency hours spent in providing each of the services counted. Do not duplicate the hours if services are provided for multiple victims (example – Group Treatment / Support).

Use the following definitions when listing the total number of victims served in the categories under this heading:

**Counseling:** supportive services provided to HT victims that extend beyond a brief, isolated contact; e.g. crisis intervention, individual counseling, peer counseling, educational services.

**Follow-Up Contact**: face-to-face contact, contact by telephone, or written communications provided to HT victims to offer emotional support, check on victim's progress, etc.

**Individual Therapy**: intensive professional mental health treatment provided to HT victims and family members by a current staff member who is licensed in Kansas to provide such services. **Do not** mark this category if the victim is referred to another agency to receive this service.

**Group Treatment/Support:** supportive services to HT victims in a group setting such as HT victims' support group. Total number of hours and/or sessions for each individual in attendance, e.g. 5 hour-long support groups with 10 individuals at each = 50 service contacts and/or 50 hours.

**Translation / Interpretation**: total number services and hours provided to HT victims to translate or interpret. Service may be provided through a current staff person or an interpretation services provided through a contract with the agency.

**On-site Legal Assistance:** legal services provided to HT victims through current staff person or legal services provided through contract with the agency.

**Direct Financial Assistance:** total number of direct financial services and hours provided to HT victims. Provide the total cash amount provided to HT victims for transportation, rent, clothes, etc. for the reporting period.

**Information & Referral**: information and referrals provided to victims.

**Personal Advocacy:** assist victims with securing rights, remedies, and services from other agencies, i.e. employers, creditors, workers' compensation, welfare, housing, medical, etc.

Court Advocacy - includes Criminal Justice Advocacy: support, assistance, and advocacy provided to victims at any stage of the criminal justice process, e.g. preliminary hearing, trial, sentencing, parole hearing, etc. Also includes Civil Court Advocacy - support, assistance, and advocacy provided to victims during hearings involving civil cases of divorce, child custody, etc.

HT Related Calls: calls received on any agency line that relate to a HT victim in need of some kind of service. Count all calls including repeat callers and calls from third parties. Do not count: donations; general information about the HT program or violence issues unrelated to a specific individual or family; calls from the media; etc.

**Compensation Claim Filings**: provide victims with information on the Kansas program for compensation and assist them with completing applications, gathering necessary documentation, etc.

**Shelter:** includes onsite shelter managed by the domestic violence/sexual assault program, program-sponsored hotel rooms and safe houses - residences of volunteers who offer their private homes for short-term crisis situations or other temporary housing that your program arranges.

**Total Number of Shelter Units:** a night should be counted for each person that arrives and is provided a shelter bed. For example, a victim/survivor and her three children stay in the shelter or safe house for 5 nights – 4 people x 5 nights = 20 shelter units. Please show the total number of shelter units for <u>all</u> those sheltered during the reporting period, <u>excluding</u> transitional housing.

- Emergency shelter 0-30 days
- Temporary shelter 31 to 90
- Long term shelter 90+ days

Other: total all other services provided to victims of HT. Please explain the other services provided on the line below the table.

# OFFICE OF THE ATTORNEY GENERAL REPORTING REQUIREMENTS FOR SERVICE TO VICTIMS OF HUMAN TRAFFICKING

The Office of the Attorney General requires various reports regarding services provided to victims of Human Trafficking – Quarterly and Annual reports are explained below:

#### **Quarterly** Reporting to collect HT Data:

- Page 1 of the Quarterly Project Narrative <u>summarizes</u> the number of PRIMARY victims served by age and gender in the <u>specific grant</u> funded by the Office of the Attorney General.
- All numbers reported on page 1 of the Quarterly Project Narrative must report unduplicated HT Victims (Q1: new, continuing and returning; Q2-4: new only).
- Page 1 of the Quarterly Project Narrative also summarizes the number of PRIMARY victims served by the specific grant (for that quarter) regarding the type of HT experienced domestic or international. Both of these two categories are further summarized into the categories of sex trafficking, labor trafficking, or both sex and labor trafficking.

#### **Annual** Reporting to collect HT Data:

- The Annual Agency HT Data Report form is for reporting <u>all</u> services provided to victims of human trafficking by your <u>agency</u> during the annual reporting period, regardless of funding source.
- The Annual report summarizes the detailed information regarding PRIMARY AND SECONDARY HT victims served in your <u>entire agency</u>.
- Please note statistics reported on the Annual HT Data Report Form may duplicate statistics captured in the Kansas Governor's Grants Program DV & SA Service Reporting Form.